



New Volunteer Checklist

- Volunteer Application
- Copy/picture of front of Driver License
- Background Check Release Forms:

_____ Level 2 (fingerprinting)

- All Sunshine Center volunteers
- Volunteers who help clients complete state/federal paperwork
- Volunteers who work with clients and serve > 20 hours/month

_____ Level 1 (all other volunteers)

- \$20 donation toward background screening fees:

Cash, credit card or check made payable to COA
(designated background check in memo line)

To schedule your volunteer appointment, please
contact Catherine Quintieri,
Volunteer Coordinator
Volunteer@coasjc.org
904-209-3686

(No walk-in appointments are available.)



180 Marine Street
St. Augustine, FL 32084
(904) 209-3700 • Fax (904) 209-3654
Volunteer Office (904) 209-3686

VOLUNTEER INFORMATION SHEET

Name: _____

Address: _____

Zip: _____

Birth Date: _____ Driver's License # _____

(Please provide a copy of D.L.)

Phone #: _____ Cell #: _____ Work # _____

E-Mail address: _____

Emergency Local Contact: _____ Emergency Phone # _____

Employment History & Volunteer Experience/Areas of Interest: _____

List Any Physical Limitations _____

Languages Spoken: _____

Days Available: _____ Time Available: _____ a.m. _____ p.m.

I understand that if I use my personal automobile in my volunteer service, I will agree to keep in effect automobile liability insurance equal to the minimum required by the State of Florida. Furthermore, I understand that I am not an employee of the Council on Aging.

Signature of Volunteer

Date

*****FOR OFFICE USE*****

Volunteer Assignment: _____

Volunteer Schedule: _____



**Volunteer Guidelines for
HIPAA Privacy Laws**

Federal law under HIPAA, the Health Insurance Portability and Accountability Act of 1996, mandates that every individual has a right to the privacy and security of their protected health information (PHI). This includes the kind of information that volunteers may encounter while working in the Memory Enhancement Program. The following guidelines will ensure that all volunteers remain compliant with HIPAA privacy laws.

Who must comply with HIPAA regulations?

Any organization dealing with personal health information; it is called a covered entity. The Council on Aging is a covered entity.

What kind of health information is protected under HIPAA?

PHI includes any information that can be linked to a specific individual, such as: name, address, employer, relatives' names, date of birth, telephone number, email address, social security number, medical record number, and job information. PHI also includes financial and health information that can be linked to a specific individual, such as: billing information, insurance coverage, illness description or diagnosis, medications, tests and test results, observations about the individual's condition, past health conditions or treatment, discharge planning, and genetic information.

How does a COA volunteer comply with HIPAA requirements?

Only those people with an authorized "need to know" to perform their jobs may have access to PHI. HIPAA requires healthcare workers to use and share or release only the minimum necessary information to perform their jobs without compromising patient care. Before viewing PHI or releasing it to someone, ask yourself if you really need the information to perform your job or does the other person need it to perform his or her job.

What are some examples of HIPAA violations?

1. Sharing a participant's PHI with any individual who does not need to know it, like another participant or a COA volunteer who does not work with the participant.
2. Gossiping about or discussing participant's PHI anywhere at any time.
3. Sharing a participant's PHI with your friends or family members.
4. Mentioning to your friends, family or coworkers that an individual is attending the Memory Enhancement Program.
5. Sharing PHI information that you accidentally overhear.
6. Leaving a participant's PHI out in plain view where other people can see it.
7. Sharing PHI with a participant's friends or family members without that participant's permission.

Protecting participant's privacy and security is a federal law with penalties. The COA expects all volunteers to diligently adhere to HIPAA policies.

I, _____ (print name), have read the above HIPAA guidelines and agree to abide by them at all times.

Signed _____

Date _____



CONFIDENTIALITY AGREEMENT

Print Full Name _____

1. I agree that I will not disclose the identity of any clients or any information concerning clients to anyone except COA staff.
2. I understand that the records and communication received by the Council on Aging in the course of this work is strictly confidential and as volunteer personnel, I assume primary obligation and responsibility to safeguard information concerning clients.
3. When I leave a volunteer position at the Council on Aging, I promise to keep confidential any and all sensitive information I have gained through my work as a Council on Aging volunteer.

DATE: _____

SIGNATURE OF VOLUNTEER: _____

SIGNATURE OF VOLUNTEER COORDINATOR: _____



OPEN-DOOR GRIEVANCE POLICY

Volunteers are encouraged to express their volunteer-related concerns to their supervisor, and it is hoped that all concerns can be resolved satisfactorily through informal and open communication.

Grievances must be submitted *in writing* to the Volunteer Manager, or to the Operations Director if the grievance is against the Volunteer Manager.

Volunteers may request assistance with the grievance procedure.

Final action on any grievance submission will be taken within 10 working days. Your signature below represents your commitment to abide by all volunteer policies.

Volunteer

Date



BACKGROUND SCREENING

Affidavit of Compliance - Employee

AUTHORITY: This form is required of all employees who are direct service providers when claiming an exception to Level 2 background screening set forth in sections 430.0402(2) and (3), Florida Statutes, or to comply with the attestation requirements set forth in section 435.05(2), Florida Statutes.

This form may be used by **all employees** to comply with:

- The attestation requirement of **section 435.05(2), Florida Statutes**, which states that “every employee required to undergo Level 2 background screening must attest, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to this chapter and agreeing to inform the employer immediately if arrested for any of the disqualifying offenses while employed by the employer;” **AND**
- The proof of screening within the previous 5 years in **section 408.809(2), Florida Statutes**, which requires proof of compliance with Level 2 screening standards that have been screened through the *Care Provider Background Screening Clearinghouse* created under **section 435.12, Florida Statutes**, or screened within the previous 5 years by the Agency, Department of Health, Department of Elder Affairs, the Agency for Persons with Disabilities, Department of Children and Families, or the Department of Financial Services for an applicant for a certificate of authority to operate a continuing Care retirement community under **Chapter 651, Florida Statutes**, if that agency is not currently implemented in the Care Provider Background Screening Clearinghouse.

This form must be maintained in the employee’s personnel file. If this form is used as proof of screening for an administrator or chief financial officer to satisfy the requirements of an **application for a health care provider license**, please attach a copy of the screening results and submit the licensure application.

The term “employee” as used herein refers collectively to **all persons** required by law to undergo background screening. This includes, but is not limited to, persons who are determined to be a direct service provider. A direct service provider is a person at least 18 years of age who, pursuant to a program to provide services to the elderly, has direct face-to-face contact with a client while providing services and has access to the client’s living areas, funds, personal property, or personal identification information as defined in F.S. 817.568, Florida Statutes. A direct service provider also includes coordinators, managers, and supervisors of residential facilities and volunteers.

Personal identification information defined in F.S. 817.568(1)(f), F.S. means “any name or number that may be used, alone or in conjunction with any other information, to identify a specific individual, including any:

1. Name, postal or electronic mail address, telephone number, social security number, date of birth, mother’s maiden name, official state-issued or United States-issued driver’s license or identification number, alien registration number, government passport number, employer or taxpayer identification number, Medicaid or food assistance account number, bank account number, credit or debit card number, or personal identification number or code assigned to the holder of a debit card by the issuer to permit authorized electronic use of such card;
2. Unique biometric data, such as fingerprint, voice print, retina or iris image, or other unique physical representation;
3. Unique electronic identification number, address, or routing code;
4. Medical records;
5. Telecommunication identifying information or access device; or
6. Other number or information that can be used to access a person’s financial resources.”

EMPLOYER: IF AN EMPLOYEE IS DETERMINED TO BE A DIRECT SERVICE PROVIDER, THIS COMPLETED FORM MUST BE RETAINED IN THE EMPLOYEE’S FILE. IF AN EXCEPTION TO BACKGROUND SCREENING IS CLAIMED, A COPY OF THE REQUIRED EVIDENCE MUST BE ATTACHED TO THIS FORM.

STEP ONE: Complete identification information.

_____	_____
Employee Name	Volunteer Position Applied For
_____ St. Johns County Council on Aging Employer	_____

STEP TWO: The employee must review the following list of disqualifying offenses set forth in Chapters 430 and 435, Florida Statutes.

You must attest to meeting the requirements for employment and you may not have been arrested for and awaiting final disposition of, have been found guilty of, regardless of adjudication, or have entered a plea of nolo contendere (no contest) or guilty to, or have been adjudicated delinquent and the record has not been sealed or expunged for, any offense prohibited under any of the following provisions of state law or similar law of another jurisdiction:

Criminal offenses listed in section 435.04, F.S.

- (a) Section 393.135, relating to sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct.
- (b) Section 394.4593, relating to sexual misconduct with certain mental health patients and reporting of such sexual misconduct.
- (c) Section 415.111, relating to adult abuse, neglect, or exploitation of aged persons or disabled adults.
- (d) Section 782.04, relating to murder.
- (e) Section 782.07, relating to manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child.
- (f) Section 782.071, relating to vehicular homicide.
- (g) Section 782.09, relating to killing of an unborn quick child by injury to the mother.
- (h) Chapter 784, relating to assault, battery, and culpable negligence, if the offense was a felony.
- (i) Section 784.011, relating to assault, if the victim of the offense was a minor.
- (j) Section 784.03, relating to battery, if the victim of the offense was a minor.
- (k) Section 787.01, relating to kidnapping.
- (l) Section 787.02, relating to false imprisonment.
- (m) Section 787.025, relating to luring or enticing a child.
- (n) Section 787.04(2), relating to taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceedings.
- (o) Section 787.04(3), relating to carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person.
- (p) Section 790.115(1), relating to exhibiting firearms or weapons within 1,000 feet of a school.
- (q) Section 790.115(2)(b), relating to possessing an electric weapon or device, destructive device, or other weapon on school property.
- (r) Section 794.011, relating to sexual battery.
- (s) Former s. 794.041, relating to prohibited acts of persons in familial or custodial authority.
- (t) Section 794.05, relating to unlawful sexual activity with certain minors.
- (u) Chapter 796, relating to prostitution.
- (v) Section 798.02, relating to lewd and lascivious behavior.
- (w) Chapter 800, relating to lewdness and indecent exposure.
- (x) Section 806.01, relating to arson.
- (y) Section 810.02, relating to burglary.
- (z) Section 810.14, relating to voyeurism, if the offense is a felony.
- (aa) Section 810.145, relating to video voyeurism, if the offense is a felony.
- (bb) Chapter 812, relating to theft, robbery, and related crimes, if the offense is a felony.
- (cc) Section 817.563, relating to fraudulent sale of controlled substances, only if the offense was a felony.
- (dd) Section 825.102, relating to abuse, aggravated abuse, or neglect of an elderly person or disabled adult.

(ee) Section 825.1025, relating to lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult.

(ff) Section 825.103, relating to exploitation of an elderly person or disabled adult, if the offense was a felony.

(gg) Section 826.04, relating to incest.

(hh) Section 827.03, relating to child abuse, aggravated child abuse, or neglect of a child.

(ii) Section 827.04, relating to contributing to the delinquency or dependency of a child.

(jj) Former s. 827.05, relating to negligent treatment of children.

(kk) Section 827.071, relating to sexual performance by a child.

(ll) Section 843.01, relating to resisting arrest with violence.

(mm) Section 843.025, relating to depriving a law enforcement, correctional, or correctional probation officer means of protection or communication.

(nn) Section 843.12, relating to aiding in an escape.

(oo) Section 843.13, relating to aiding in the escape of juvenile inmates in correctional institutions.

(pp) Chapter 847, relating to obscene literature.

(qq) Section 874.05(1), relating to encouraging or recruiting another to join a criminal gang.

(rr) Chapter 893, relating to drug abuse prevention and control to include the use, possession, sale, or manufacturing of illegal drugs, only if the offense was a felony or if any other person involved in the offense was a minor.

(ss) Section 916.1075, relating to sexual misconduct with certain forensic clients and reporting of such sexual misconduct.

(tt) Section 944.35(3), relating to inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm.

(uu) Section 944.40, relating to escape.

(vv) Section 944.46, relating to harboring, concealing, or aiding an escaped prisoner.

(ww) Section 944.47, relating to introduction of contraband into a correctional facility.

(xx) Section 985.701, relating to sexual misconduct in juvenile justice programs.

(yy) Section 985.711, relating to contraband introduced into detention facilities.

(ZZ) Section 741.28 relating to domestic violence.

Criminal offenses found in section 430.0402, F.S.

(a) Section 409.920, relating to Medicaid provider fraud.

(b) Section 409.9201, relating to Medicaid fraud.

(c) Section 741.28, relating to domestic violence.

(d) Section 817.034, relating to fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems.

(e) Section 817.234, relating to false and fraudulent insurance claims.

(f) Section 817.505, relating to patient brokering.

(g) Section 817.568, relating to criminal use of personal identification information.

(h) Section 817.60, relating to obtaining a credit card through fraudulent means.

(i) Section 817.61, relating to fraudulent use of credit cards, if the offense was a felony.

(j) Section 831.01, relating to forgery.

(k) Section 831.02, relating to uttering forged instruments.

(l) Section 831.07, relating to forging bank bills, checks, drafts, or promissory notes.

(m) Section 831.09, relating to uttering forged bank bills, checks, drafts, or promissory notes.

Criminal offenses found in other sections.

(n) Section 775.21, sexual predator.

(o) Section 775.261, Career offender.

(p) Section 943.0435, Sexual offender; unless the requirement to register as a sexual offender has been removed pursuant to section 943.04354.

I have been granted an Exemption from Disqualification through the Agency for Healthcare Administration (AHCA)

Date of Decision: _____

I have been granted an Exemption from Disqualification through the Florida Department of Health.

Date of Decision: _____

**** A copy of the Exemption from Disqualification decision letter must be attached****

If you are also using this form to provide evidence of prior Level 2 screening (fingerprinting) in the last 5 years and have not been unemployed for more than 90 days, please provide the following information. A copy of the prior screening results must be attached.

Purpose of Prior Screening: _____

Screening Conducted by: _____ Date of Prior Screening: _____

Agency for Healthcare Administration

Department of Elder Affairs

Department of Health

Department of Financial Services

Agency for Persons with Disabilities

Department of Children and Family Services

STEP THREE: The employee must complete this section if claiming an exception to level 2 background screening conducted by the Department of Elder Affairs. If not claiming an exception, then skip to Step Four.

If you are claiming that you qualify for an exception to level 2 background screening pursuant to sections 430.0402(2) or (3), Florida Statutes, and thereby, you are not required to undergo background screening through the Department of Elder Affairs, please indicate the type of exception and attach the required evidence.

EXCEPTION:

Attorney - An attorney in good standing with the Florida Bar if you are providing a service within the scope of your licensed practice.
____ (initials)
Evidence: A copy of the screen shot of your membership in good standing with the Florida Bar.

Relative - A relative of the client.
____ (initials)
Evidence: Circle your relationship to the client: husband, wife, father, mother, son, daughter, brother, sister, grandmother, grandfather, great-grandmother, great-grandfather, grandson, granddaughter, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, or half sister.

Volunteer - A volunteer who assists for less than 20 hours per month and you are not listed on the FDLE Career Offender Search database or the Dru Sjodin National Sex Offender Public Website.
____ (initials)
Evidence: A copy of your search results screen shot from each criminal database showing no records were found.

EMPLOYER: IT IS THE EMPLOYER'S RESPONSIBILITY TO VERIFY THE AUTHENTICITY AND ACCURACY OF ANY DOCUMENTATION REQUIRED AS EVIDENCE OF AN EMPLOYEE'S QUALIFICATION FOR AN EXCEPTION.

STEP FOUR: Each employee determined to be a direct service provider must complete the required attestation below.

Claiming an Exception: If you are claiming that you qualify for an exception to level 2 background screening, you are not required to undergo background screening through the Department, and you must sign the attestation below.

Not Claiming an Exception: If you are *not* claiming one of the exceptions to level 2 background screening listed in Step Three, you must complete level 2 background screening through the Department. Once you have been determined qualified for service by the Department, you must sign the attestation below.

ATTESTATION

Under penalty of perjury, I _____, hereby swear or affirm that I meet the requirements for qualifying for employment pursuant to the background screening standards set forth in Chapter 435 and section 430.0402, Florida Statutes. In addition, I agree to immediately inform my employer if arrested or convicted of any of the disqualifying offenses while employed by my employer.

Employee Signature

Date

EMPLOYER: ONCE THE ATTESTATION IS SIGNED, KEEP THIS COMPLETED FORM IN THE EMPLOYEE'S FILE.